ATTACHMENT A
Los Angeles Unified School District
Overtime Request form

Administrator: _____ Date: _____

Section/Unit: _____

Date(s) of Overtime: _____

Total Estimated O/T Hours: _____

Authorization to work overtime is being requested for the following reason(s); be specific:
_____
_____
_____

Employee Number	Employee's Name	Estimated O/T Hours	OT Week-to-Date with this OT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requested By: _____   _____
                                                                        Date Signed

Section Head Approval: _____   _____
                                                                        Date Signed

Administrator Approval: _____   _____
                                                                        Date Signed